

Qty Purchase Agreement QPA Number	Page
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Requisition Nbr.:	Hearing Aid Devices & Services
Effective Date:	12/02/2011
Expiration Date:	12/14/2013
Agency Number:	
Facility:	ASA-RFP-11-17
Vendor ID:	0000191604
Vendor Telephone Nbr:	
Name Of Contact Pers:	
FAX Number:	

Name and Address of Vendor: OTICON, INC
OTICON INC
PO BOX 6724
SOMERSET NY 08875-6724

Line Number	Quantity	UNIT	Article and Description	Unit Price
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1	0.00 EA	Hearing Aid Devices & Services	0.0000
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Signature of Purchasing Officer <i>Katherine L. Harrington, CPPB</i>	Typed Name Katherine L. Harrington, CPPB	Signature Of Approval <i>Gregory F. Zoeller</i>	Office Of the State Attorney General
	Date Signed <i>12-06-11</i>	Typed Name Gregory F. Zoeller	Date Signed <i>12/20/11</i>
Authorized Signature <i>[Signature]</i>	Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3150		